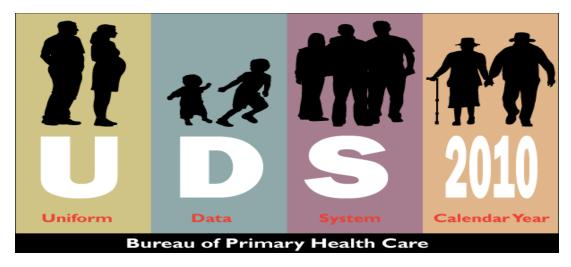




Lessons Learned from the UDS Process



An Overview for Primary Care Associations







Overview



- PCA's role in the Uniform Data System (UDS) process and data
- UDS information available to PCAs
- Lessons learned from the UDS in 2009
 - Common reporting errors
 - EHB submission process
- Changes that are coming in UDS 2010 and 2011
- How PCAs can use the UDS data to assist grantees
- How PCAs can assist grantees to improve the process of submitting UDS data



UDS: PCAs Assist in the UDS Process



- PCAs do not submit UDS reports but they do have multiple roles in the UDS throughout the year
 - Communicating with members about UDS issues
 - Providing technical assistance on completing forms
 - Assisting them to access UDS data
 - Using the UDS to tell the (National/State) Health Center story (HC)
 - Partnering with Bureau of Primary Health Care (BPHC) and John Snow Inc. (JSI) in the annual UDS training process
 - Last year over 2,600 health center staff participated
 - Over half had never participated in a UDS training
 - Serving as a resource to JSI and BPHC
 - Answering questions about their State





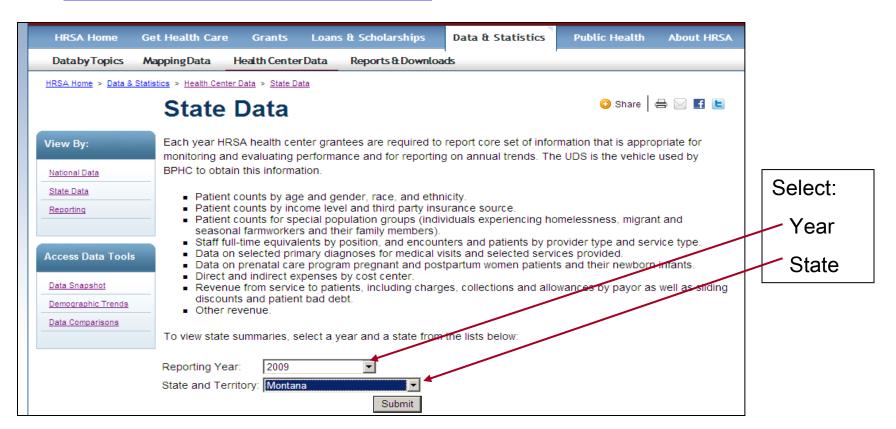
- BPHC makes a wide array of data available to the public, to the PCAs, and to grantees on the BPHC website
 - National and State Summaries and comparisons
 - High level on BPHC web site http://www.hrsa.gov/data-statistics/health-center-data/index.html





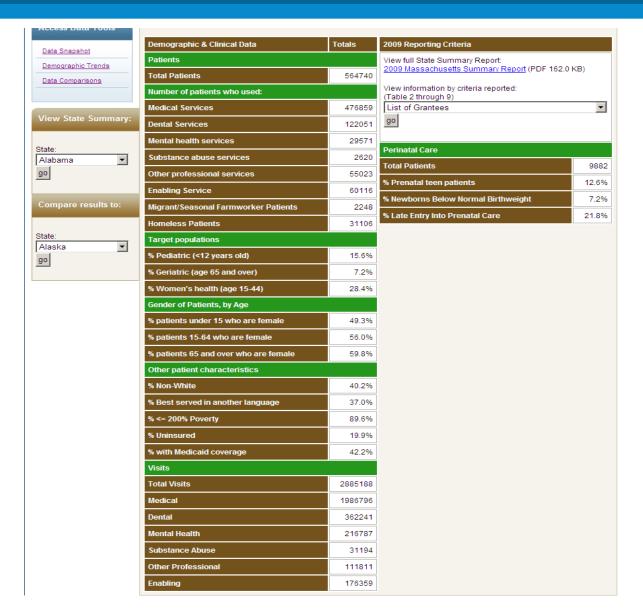


 Summary state data are available to view online <u>http://www.hrsa.gov/data-statistics/health-center-data/StateData/index.html</u>









Includes data on:

- Patients
 - Total for year
 - Total by service
 - Target groups
 - Age and gender
 - Race, Income
- Visits
 - Number by type
- Perinatal care
 - Total patients
 - Quality of care





 Detailed state and national rollups also available: http://www.hrsa.gov/data-statistics/health-center-data/StateData/index.html

Data by Topics	mapping Data Heartif Cente	еграца керо	LIZ (T DOMINO	OD.						
HRSA Home > Data & Statistics > Health Center Data > State Data > 2009										
State Data: California										
View By: Select a Reporting Year: 2007										
National Data										
State Data	Total number of reporting grantees:	118		Need help?	Health Center Tool Tip					
Reporting	Reporting period:	2009		Report Source:	Uniform Data System Report					
2009 California Total Summary Data										
Access Data Tools										
Data Snapshot	Demographic & Clinical Data		Totals	2009 Reporting Criteria						
Demographic Trends Patients				View full State Summary Report:						
Data Comparisons	Total Patients		2786350	2009 California Summary Report (PDF 186.7 KB)						





- Select a single table or the entire UDS
- Shows totals for all items on the table

Patients by Socioeconomic Characteristics



State Summary for Washington for 2009

25 Grantees

Inco	ome as Percent of Poverty Level	Number of Patients (a)	% of Total	% of Known	
1.	100% and Below	433,088	60.0%	68.4%	
2.	101 - 150%	111,389	15.4%	17.6%	
3.	151 - 200%	45,382	6.3%	7.2%	
4.	Over 200%	43,479	6.0%	6.9%	
5.	Unknown	87,907	12.2%		
6.		721,245	100.0%		
Principal Third Party Medical Insurance Source A		Ages 0 - 19 (a)	Ages 20+ (b)	TOTAL	%
7.	None/Uninsured	38,935	204,811	243,746	33.8%
8a.	Regular Medicaid (Title XIX)	200,641	109,670	310,311	43.0%
8b.	CHIP Medicaid	745	136	881	0.1%
8.	Total Medicaid (Sum lines 8a+8b)	201,386	109,806	311,192	43.1%



UDS Data Available to Grantees



- Grantees will find more detailed data in the Electronic Handbook in the Reports Section
 - Their own UDS report
 - The National and State roll-up report
 - Health Center Trend Report
 - Showing Access, Quality of Care, and Financial variables for the past three years
 - Showing data for Grantee, State, and Nation



UDS Data Available to Grantees



- Performance Comparison Report compares
 - Quality of Care and Cost variables
 - The State and National averages
 - Averages for other clinics of a similar
 - Urban or rural location
 - Size now based on total patients, not medical patients
 - Number of sites (new five categories)
 - Above 25% farmworker (43 / 1088)
 - Above 25% homeless (85 / 1046)
 - With national 25th, 50th, and 75th percentiles





- 2009 Patients
 - 18,735,858 patients increased 1.6 million from 2008
 - 16,166,436 medical patients increased 1.3 million from 2008
 - 3,434,340 were dental patients
 - 758,131 received mental health services
 - 114,546 substance abuse





- 2009 Patient Demographics
 - 63% racial and or ethnic minority (35% Latino)
 - 33% are below age 18, only 7% age 65 or over
 - 59% are women
 - 4.6% are migrant and seasonal farmworkers
 - 5.4% are homeless
- Patient Economics
 - 38% uninsured, 14.6% have private insurance
 - 71% (of known) were below poverty; 92% were below 200% FPL





- Services and service providers
 - 123,012 health center workers provided 73,829,866 visits
 - 14,882 clinicians provided 51,110,423 medical visits
 - 3,585 dental providers delivered 8,401,705 dental visits
- Continuity of care
 - Medical patients were seen 3.2 times per year
 - Dental patients were seen 2.4 times per year
- Specific services
 - 2,331,212 children had well child visits
 - 1,840,570 women had Pap tests, 320,456 mammograms
 - 2,581,667 patients had oral exams





- Quality of care
 - 480,441 women received perinatal care
 - 67.3% were seen in their first trimester
 - 92.4% delivered a normal birth weight child
 - 68.8% of 2 year olds were fully immunized
 - 58.2% of women had documented Pap tests
 - 2,061,768 were treated for hypertension
 - 63.1% of hypertensive patients had blood pressure less than 140/90
 - 1,122,802 were treated for diabetes
 - 70.7% had HbA1c ≤ 9





- Clinical outcome disparities
 - $BP \le 140/90$
 - Higher for Asians and whites (65%), lower (50%) for Hawaiians and Pacific Islanders
 - No large difference between Hispanics (66%) and non-Hispanics (62%)
 - HbA1c ≤ 9
 - Higher for in Asians (76%) and whites (72%), lower for Hawaiians (53%) and Pacific Islanders (49%)
 - No large difference between Hispanics (68%) and non-Hispanics (72%)
- Disparities data only available at the National level because of sample sizes





- Financial findings
 - Health centers total revenues were \$11.2 billion
 - Majority (59%) of income comes from 3rd party payors
 - Most (78%) of these payments were from public sources
 - 18.3% of income came from Section 330 + ARRA IDS
 - Just over a quarter (26%) of all charges ended up as "self pay" charges
 - Two thirds of these charges (65% or \$2,158,110,764) were written off as sliding discounts



Process Lessons Learned



- UDS submission deadline
 - General understanding of submission start date
 1/1/09
 - Confusion with initial submission date
 - February 15 with Final submission due on March 31
 - →Only two or three missed this deadline
- Initial e-mail communication is now earlier
 - Reviewers do not necessarily wait until all desk audits are completed – roll out in stages
 - Rapid turnaround of edits necessary
 - Entire process changed from 14 weeks to 6 weeks



EHB Lessons Learned



- With ARRA and other growth opportunities, most grantees will trigger "substantial change" edits
 - Total income, cost of any specific item
 - Patients, staff, visits, etc.
 - Charges/patient when a service is added
- An edit on expected Medicare patients over age 65 underestimated the impact of the disability population
- Grantees did not act on system edit messages they did not understand
 - Many of these have been revised for 2011 submissions
- Grantees which are significantly different than the average will continue to be flagged



EHB Lessons Learned



- Technical issues
 - Some browsers other than Internet Explorer had problems
 - System closes for maintenance at 6:00 PM Eastern at least once a month (notice is given in advance)
 - After 30 minutes of inactivity unsaved data is lost
 - Passwords must be kept current even when no UDS activity is occurs
- EHB UDS access is for the entire UDS
 - Access cannot be "edit/enter" for one table and "read-only" for another
 - Cannot allow read only for some tables and not others



Definitions Lessons Learned



- Patient: Some confusion over who is to be counted
 - ARRA definitions are cumulative not UDS
 - UDS reports most recent medical insurance (only)
 - HCQR reports those uninsured at anytime
 - Flu shots and screening services are not counted as medical visits – those who only receive these services are not considered clinic patients
 - "Farmworker" definition has been clarified by quoting the 330 statute directly, but patients counted will not change dramatically
 - Ranchers, forest fire fighters, and frog farmers are still generally not included



Clinical Lessons Learned



- Use of Electronic Health Records to complete tables 6B and 7
 - In general, an EHR needs to be fully operational for at least three years – for this year, since 1/1/08
 - Some data were missing in EHRs, either for some patients or some services or some sites
 - EHRs subject to different kinds of errors
- Sampling errors were common
 - Universe includes everyone that fits criteria
 - Obvious errors that should have been spotted
 - Populations on tables 6B vs. reports on tables 3A and 3B



Financial Lessons Learned



- Ongoing difficulty in reclassifying charges
 - Especially Medicare to Medicaid, co-pays to self pay
- Accurate recognition of prior year income
 - Income is often not in Practice Management System (PMS) reports
 - Multi-year retroactive payments sometimes appear to grantees to be too large
 - Confusion over settlements based on appeals
- Donated (in-kind) facilities, services, or supplies
 - Frequently incorrectly reported as cash
- Classification of managed care income
 - Especially for capitated systems with "carve-outs"



Using UDS to Help Members



- UDS data now provide statistical data on the largest set of low income health care consumers in the nation
- State and national data should be of value to Section 330s and non-330s alike
 - Data covers only the 330s, but non-330s especially look-alikes should be similar
 - PCA can often inform non-330s on what the differences might be



Using UDS to Help Members



- PCAs can use data to help plan New Access Point applications and Service Expansion programs
 - UDS Mapper and service area issues
 - Description of average ratios for the Nation, State
 - Patients per (medical, dental, MH, etc.) provider
 - Cost per provider
 - Visits per (medical, dental, MH, etc.) patient
 - Costs per visit
 - Gross income per visit
 - Net income per visit
 - By payors



2010 UDS Changes



- Data submitted in 2011 for 2010 includes new data requests for diagnoses and services
 - Vision staff, visits, and patients on table 5
 - Vision services on table 6A
 - Hepatitis B and Hepatitis C as both a test given and a disease diagnosed on table 6A
 - Symptomatic and asymptomatic HIV combined on 6A



2011 UDS Changes



- Data to collect in 2011 and report in 2012
 - Not yet OMB approved
 - Changes
 - Immunizations: add Hepatitis A (Hep-A), influenza and Rotavirus (RV) and reduce number of HIb shots
 - Diabetes: Report different categories
 - New Measures
 - Tobacco use and counseling
 - Adult overweight or underweight
 - child and adolescent weight assessment and nutritional/exercise counseling
 - Asthma treatment
 - Based on CMS (Center for Medicare and Medicaid Service) "meaningful use" Core Quality Measures



PCA's Role



- Support members with clinical sampling and reviews
 - Identify any differences between state standards and the UDS national standards
- Informing trainers of your financial world
 - Where is CHIP-RA handled (Medicaid/Private)?
 - Has CHIP-RA PPS started yet?
 - Is there managed care? Is it FFS or capitated?
- UDS Mapper is there a resource at PCA?
- Introduce your resource people at training sessions
- Timely initial submissions on February 15



Technical Assistance



- For all UDS content questions, contact the UDS Help Desk at:
 - Phone: 1-866-UDS-HELP (866-837-4357)
 - E-mail: <u>udshelp330@bphcdata.net</u>
- BPHC Help Desk
 - For all UDS electronic reporting questions, contact the BPHC Help Desk at:
 - Phone: 1-877-974-BPHC
 - E-mail: <u>bphchelpline@hrsa.gov</u>
- HRSA Call Center
 - For all technical/system issues, contact the HRSA Call Center at:
 - Phone: 301-998-7373
 - E-mail: <u>CallCenter@hrsa.gov</u>